

PRECONCEPTION HEALTH IN MICHIGAN

DOMAIN: GENERAL HEALTH & LIFE SATISFACTION

SUB-DOMAIN: SELF-RELATED HEALTH

INDICATOR: PERCENTAGE OF WOMEN WHO REPORT GOOD, VERY GOOD OR EXCELLENT HEALTH

SUMMARY

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

RELIABILITY: MODERATE¹ VALIDITY: HIGH¹

HP 2020 OBJECTIVE: NONE

INTERVENTION: HEALTHY START

Self-related health status is a multidimensional indicator which portends a woman's perception of her health. It reflects health behaviors, physical health, mental health and activity limitations. Poor self-assessed health has been associated with increased risk of mortality even after adjustment for other medical risk factors.² Therefore, a woman's perception of her current health status may be predictive for her overall health and her preconception health status.

Figure 1. Trend of self-reported **good, very good or excellent health**^a among women 18-44: US average vs. Michigan, BRFSS 2004-2008

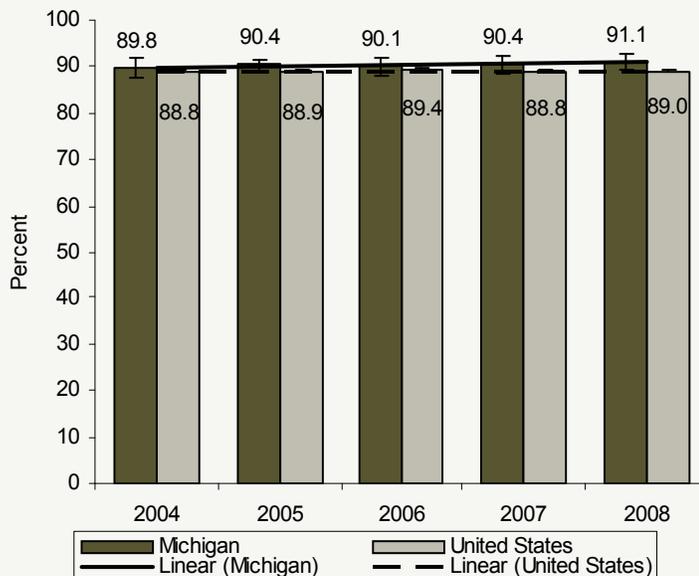


Table 1. **Self reported health**^a by age group and race, Michigan BRFSS 2008

Demographic Characteristics	General Health, Excellent, Very Good or Good	
	%	95% Confidence Interval
Total	91.1	(89.2-92.7)
Age		
18 - 24	91.5	(86.3-94.9)
25 - 34	92.7	(89.4-95.0)
35 - 44	89.5	(86.8-91.8)
Race		
White	93.6	(91.8-95.0)
Black	82.0	(74.7-87.6)
Other	83.9	(71.8-91.4)

In 2008 91.1% of Michigan women age 18-44 years reported their current health status as good or better similar to 89% nationally (Figure 1).

The prevalence of self-reported health differed by race, household income, education and presence of chronic disease (Table 1, Figures 2-3) as follows:

- 82% of Black women compared to 93.6% of White women;
- 79% of women without a high school degree compared to 97.2% of women with a college degree;
- 81.9% of women with a household income < \$ 25,000 compared to 96.7% of women whose household income exceeded \$50,000; and
- 80.5% of women with at least one chronic disease^b compared to 93.3% of women with no chronic disease.

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Figure 2. Prevalence of self-reported **good, very good or excellent health**^a among MI women by education or household income, Michigan BRFSS 2008

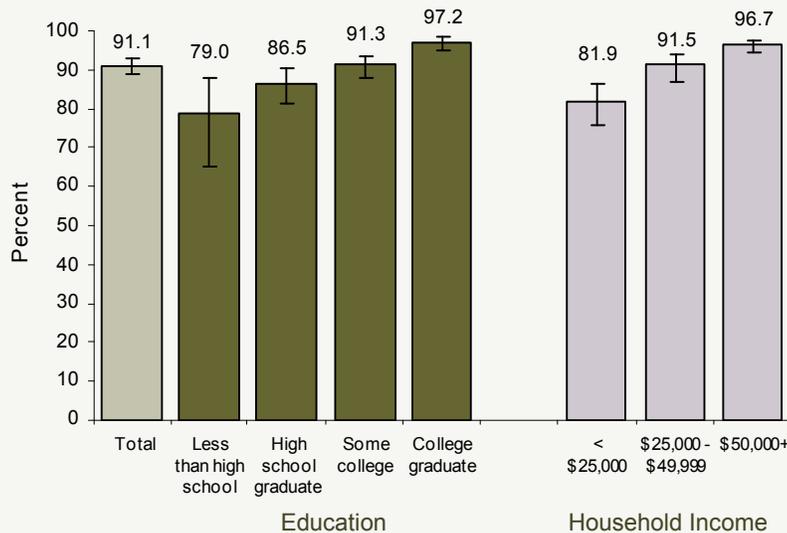
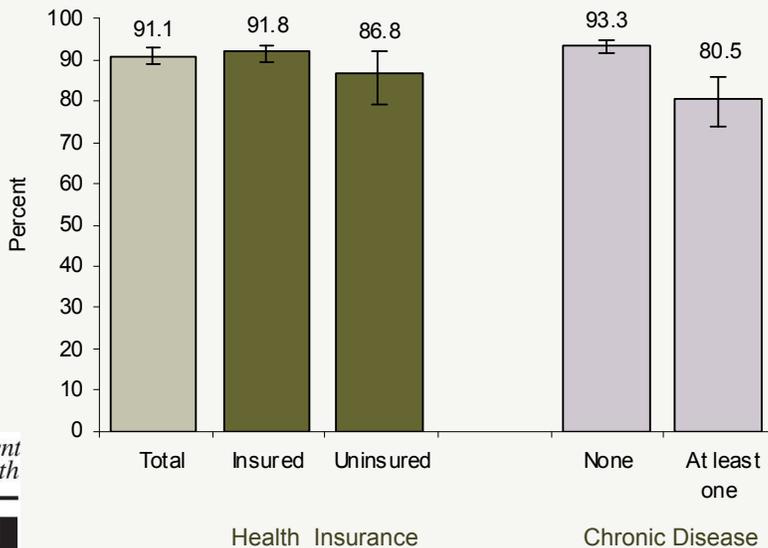


Figure 3. Prevalence of self-reported **good, very good or excellent health**^a among MI women by health insurance coverage or at least one chronic disease,^b Michigan BRFSS 2008



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TABLE & FIGURE FOOTNOTES

^a Among adult women aged 18-44 years, the proportion who reported that their health, in general, was either excellent, very good or good.

^b Women with at least one of the following: Ever told that they had diabetes, heart attack/myocardial infarction, angina/coronary heart disease, stroke or who currently had asthma.

REFERENCES

1. Nelson, DE, Holtzman, D, bolen, J, Stanwyck, CAT & Mack, KA (2001) Reliability and validity of measures from the Behavioral Risk Factor Surveillance System (BRFSS). *Sozialund Praventivmedizin*, 46 (Suppl 1), S3-S42.
2. Harper S, Lynch J. Trends in socioeconomic inequalities in adult health behaviors among U.S. states, 1990--2004. *Public Health Rep* 2007;122:177--89.

Michigan Department
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PRECONCEPTION HEALTH IN MICHIGAN

DOMAIN: SOCIAL DETERMINANTS OF HEALTH

SUB-DOMAIN: EDUCATION

INDICATOR: PERCENTAGE OF WOMEN WITH A HIGH SCHOOL EDUCATION/GED OR GREATER

SUMMARY

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

RELIABILITY: HIGH¹

VALIDITY: MODERATE TO HIGH¹

HP 2020 OBJECTIVE: NONE

INTERVENTION: HEALTHY START

Social determinants are defined as follows:

“...the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness.

These circumstances are ... shaped by a wider set of forces: economics, social policies, and politics.” These are considered the most important determinant of health status.² Socio-economic status is inversely correlated with health status and access to health care; the effects are cumulative across

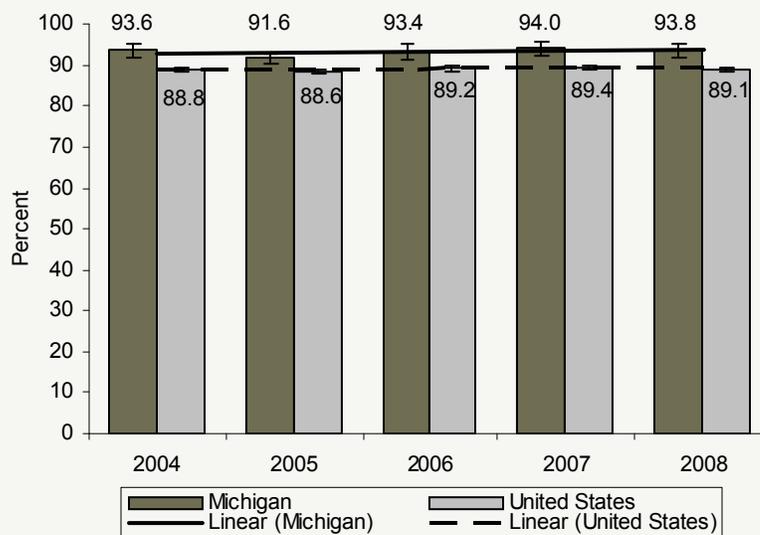
Table 1. Self reported **Educational attainment**^a by age group and race, Michigan BRFSS 2008

Demographic Characteristics	High School Education/GED or Greater	
	%	95% Confidence Interval
Total	93.8	(91.7-95.4)
Age		
18 - 24	86.2	(79.5-91.0)
25 - 34	96.4	(94.1-97.8)
35 - 44	96.7	(94.8-97.9)
Race		
White	95.1	(93.1-96.6)
Black	87.8	(79.3-93.2)
Other	92.8	(83.0-97.1)

the life span and begin prior to birth.³ Further, women with low socioeconomic status are more likely to give birth to a premature or low birth-weight infant.³ Educational attainment and income are two indicators used to assess socioeconomic status.

In 2008 93.8% of Michigan women age 18-44 years

Figure 1. Trend of at least **High School Education/GED**^a among women 18-44: US vs. Michigan, BRFSS 2004-2008



reported attaining at least a High School diploma or GED, significantly higher than women nationally (Figure 1).

Disparities were evident in educational attainment (Table 1, Figures 2-3) but only household income was statistically significant. Fewer women whose household income was less than \$25,000 reported attaining a high school diploma or GED (86.0%) compared to women reporting income \$50,000 or more (98.7%).

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Figure 2. Prevalence of self-reported **High School Education/GED^a** among MI women by race or household income, Michigan BRFSS 2008

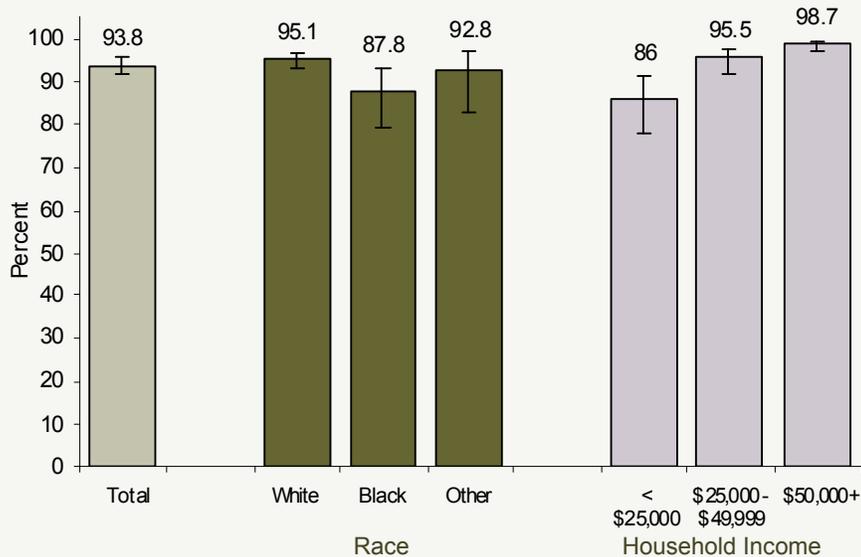
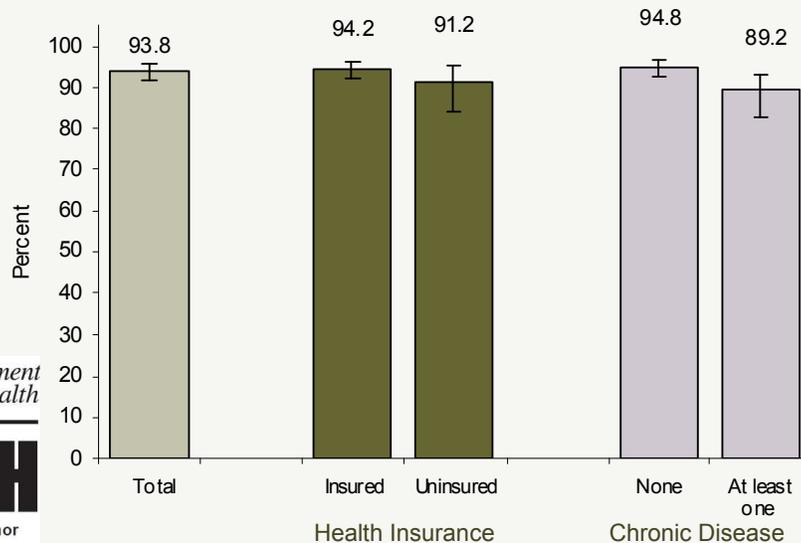


Figure 3. Prevalence of self-reported **High School Education/GED^a** among MI women by health insurance coverage or at least one chronic disease^b Michigan BRFSS 2008



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TABLE & FIGURE FOOTNOTES

- ^a Among adult women aged 18-44 years, the proportion who reported having a high school education/GED or greater.
- ^b Women with at least one of the following: Ever told that they had diabetes, heart attack/myocardial infarction, angina/coronary heart disease, stroke or who currently had asthma.

REFERENCES

1. Nelson, DE, Holtzman, D, Bolen, J, Stanwyck, CAT & Mack, KA (2001) Reliability and validity of measures from the Behavioral Risk Factor Surveillance System (BRFSS). *Sozialund Preventivmedizin*, 46 (Suppl 1), S3-S42.
2. World Health Organization. Social determinants of health: key concepts. Accessed at http://www.who.int/social_determinants/final_report/key_concepts_en.pdf on February 10, 2011.
3. Adler N, Stewart J, Cohen S, et al. Reaching for a healthier life: facts on socioeconomic status and health in the United States. Accessed at http://www.macses.ucsf.edu/downloads/Reaching_for_a_Healthier_Life.pdf on February 10, 2011.

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PRECONCEPTION HEALTH IN MICHIGAN

DOMAIN: SOCIAL DETERMINANTS OF HEALTH

SUB-DOMAIN: POVERTY

INDICATOR: PERCENTAGE OF WOMEN WHO LIVE AT OR BELOW 200% OF THE FEDERAL POVERTY THRESHOLD (FPL)

SUMMARY

DATA SOURCE: AMERICAN COMMUNITY SURVEY OF THE U.S. CENSUS (ACS)
 RELIABILITY: HIGH¹ VALIDITY: MODERATE¹
 HP 2020 OBJECTIVE: NONE
 INTERVENTION: HEALTHY START

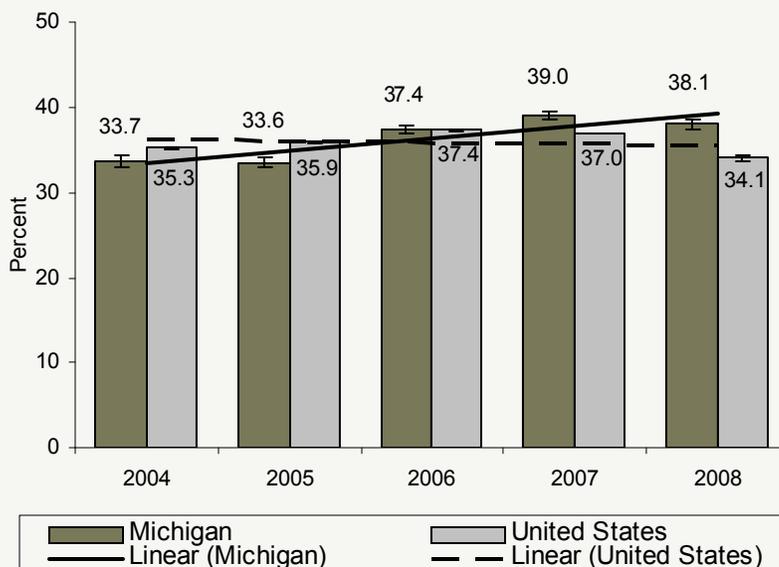
Poverty level is highly correlated with education and is a major component of social determinants of health. Poverty is measured based on the income threshold at a subsistence level. Based on this threshold the United States Census defines poverty as: at or below 100% FPL and near poverty as: at or below 200% FPL.² Low income has been associated with serious hardships around the time of pregnancy and affects both immediate and long-term maternal and infant health.³

Table 1. Average prevalence of **income at or below 200% FPL^a** by age group and race/ethnicity, Michigan ACS 2006-2008^b

Demographic Characteristics	Women who live at or below 200% of the FPL ^a	
	%	95% Confidence Interval
Total	38.1	(37.5-38.7)
Age		
18 - 24	49.5	(47.1-51.9)
25 - 34	38.5	(36.4-40.5)
35 - 44	29.8	(28.1-31.5)
Race		
White	32.3	(31.1-33.6)
Black	58.6	(55.2-62.0)
Hispanic	54.2	(48.3-60.1)
Other	42.4	(36.8-48.0)

From 2004 to 2008 the proportion of Michigan women of reproductive age living at or below 200% FPL increased 13% (Figure 1). In contrast,

Figure 1. Trend of **income at or below 200% FPL^a** among women 18-44: US average vs. Michigan, ACS 2004-2008



nationwide the prevalence decreased for the same period.

Further, disparities based on age, race/ethnicity and education were evident (Table 1, Figures 2-3).

The prevalence of near-poverty was significantly higher among:

- Black, Hispanic or women of other races compared to White, non-Hispanic women;
- Younger women (ages 18-24 years) compared to women older than 25;
- Women ages 25-34 years compared to 35-44 year olds;
- Women with lower educational attainment.

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Figure 2. Average prevalence of **income at or below 200% FPL** by **race/ethnicity**^a, Michigan ACS 2006-2008^b

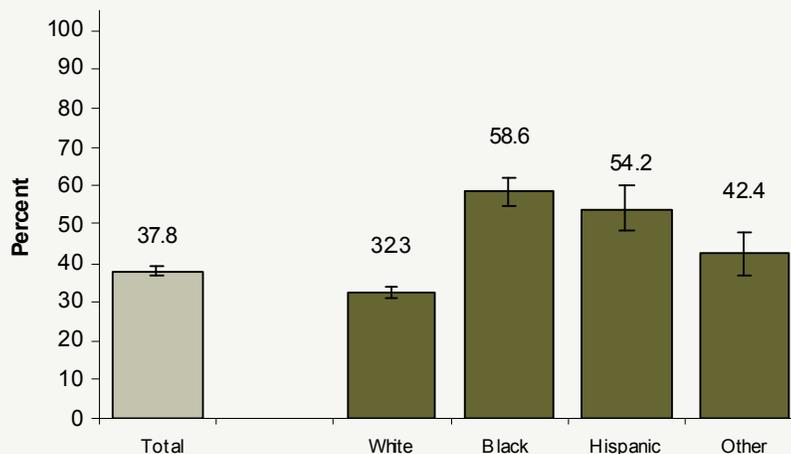
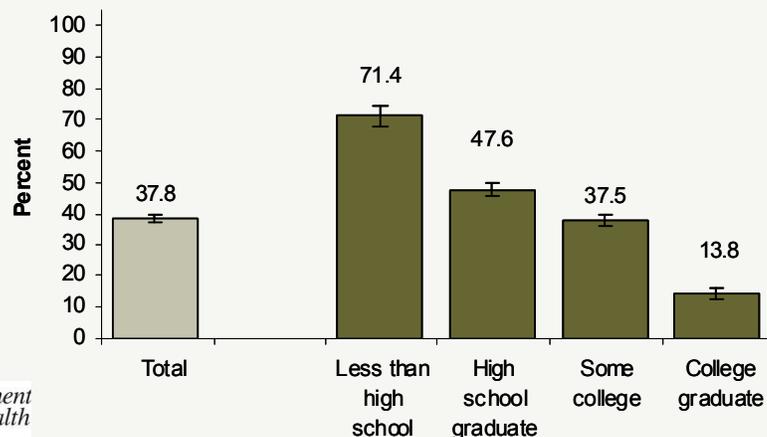


Figure 3. Average prevalence of **income at or below 200% FPL** by **educational attainment**^a, Michigan ACS 2006-2008^b



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TABLE & FIGURE FOOTNOTES

- a. Among adult women aged 18-44 years.
- b. American community Survey Public Use Microdata Set U.S. Census. Three year averages were used for bivariate analyses.

REFERENCES

1. Nelson, DE, Holtzman, D, bolen, J, Stanwyck, CAT & Mack, KA (2001) Reliability and validity of measures from the Behavioral Risk Factor Surveillance System (BRFSS). *Sozialund Praventivmedizin*, 46 (Suppl 1), S3-S42.
2. United States Census Bureau (2010) Poverty: How the census bureau measure poverty. Accessed at <http://www.census.gov/hhes/www/poverty/about/overview/measure.html> on February 28, 2011.
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